

FILED OCT 18 1952

THE DIVISION OF HEALTH—MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

35425

037833

BIRTH NO.		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jasper b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage c. LENGTH OF STAY (in this place) 6 mo d. FULL NAME OF HOSPITAL OR INSTITUTION 821 Clinton				2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Jasper c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage d. STREET ADDRESS (If rural, give location) 821 Clinton			
3. NAME OF DECEASED (Type or Print) a. (First) CATHERINE b. (Middle) EVA c. (Last) DRUMMOND		4. DATE OF DEATH (Month) (Day) (Year) October 2, 1952		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 11, 1868		9. AGE (In years last birthday) 84		10. IF UNDER 1 YEAR 2 MONTHS 21 DAYS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Jackson		13b. MOTHER'S MAIDEN NAME Sarah Hulse		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ida Moffett Carthage, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic, interstitial ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility				INTERVAL BETWEEN ONSET AND DEATH 5 yrs 10 yrs	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 4 of 3 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Apr. 18, 1952 , to Oct 2, 1952 , that I last saw the deceased alive on Oct 2, 1952 and that death occurred at 12:10 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE George H. Wood M.D. (Degree or title)				23b. ADDRESS Carthage Mo		23c. DATE SIGNED Oct 5 '52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 6, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery		24d. LOCATION (City, town, or county) (State) Webb City Missouri	
DATE REC'D BY LOCAL REG. 10-5-52		REGISTRAR'S SIGNATURE L B Chute MD		25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis		ADDRESS Webb City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-16-52

Jasper County Health Office

County File Number 52/10/800

Date Filed 10-16-52

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Leonard J. Lewis Jr.

Licensed Embalmer No. 4561

P. O. Address. Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.